PTO/\$8/06(12:04)

Approved for use through 1/3 1/2004 CMB ON -0032 U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no periods are required to respond to a collection of information unless I displaye a yard CMB control tember. PATENT APPLICATION FEE DETERMINATION RECORD Application or Dockel Humber Substitute for Form PTO-875 . Effective December 8: 2004 APPLICATION AS FILED - PARTI. OTHER THAN (Column 1) SMALL ENTITY ÓR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA RATE (\$ BASIC FEE RATE (\$) FEE(1) AUA 137 CFR 1 16(4) 16) # (6) H/A NVA 150.00 NIA SEARCHFEE 300.00 137 CFR 1 16(N. 14, or [m] N/A -N/A N/A \$250. NIA \$600 EXAMINATION FEE : NVÀ (27 CFR 1 16(0). (p), or (q)) N/A NV \$100 NA \$200 TOTAL CLAIMS (37.CFR 1 16(0) X\$ 25 MINUS 20 . X\$50 OR INDEPENDENT CLAIMS (37 CFR 1 16(N)) X100 C tunim X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE (37 CFR | 16(4)) is \$260 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s MULTIPLE DEPENDENT CLAIM PRESENT DI CFR I 1641 +180= 4360= the the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3): OTHER THAN **OR** SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT 0 RATE (1) ADIOI. RATE(\$) AFTER PREVIOUSLY ADDI: EXTRA ENDMENT TIONAL MENDMENT TIONAL FEE (1) PAID FOR FEE (\$) Total Minus 01 COR 1.1800 X\$ 25 X\$50 OR profes Lienu Minus X100 X200 ОRI Application Size Fée (37 CFR 1.16(s)) FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFR 1.16(1) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-TIOKAL RATE (\$) AFTER. PREVIOUSLY EXTRA ADDI-TIONAL FEE (F) PAID FOR FEE (4) Total programme Minus ğ X\$ 25 X\$50 tropindent . OR Minus +01 X100 X200 OR Application 6120 F40 (37 CFR 1.16(6)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.160) +180= +360± OR TOTAL. TOTAL If the entry in column 1 is less than the entry in column 2, write "o' in column 3.

If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously P OR ADD'L FEE the amount of this you require to complete this form and/or suspections for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Nexendre, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ORBSS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460,